

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014461

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 787

FILED MAR 18 1963

VS 300  
Rev. 4/59

14031

28120

3

4 1

5 1

6

7 1

8 2

9974X

10

11

12 47-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		c. CITY OR TOWN Edwardsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. VINCENT'S HOSPITAL		d. STREET ADDRESS (If outside, give location) 529 St. Louis Street	
3. NAME OF DECEASED (Type or print) First Middle Last ARIENE ANNE VUAGNIAUX		4. DATE OF DEATH Month Day Year March 6th 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1933
9. AGE (last birthday) 29	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Carpenter, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Martin Schoenleber		13b. MOTHER'S MAIDEN NAME Rosetta Kessman	
14. NAME OF HUSBAND OR WIFE Earl Vuagniaux		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Husband, Earl Vuagniaux, 529 St. Louis St. Edwardsville, Ill.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hanging Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Hanging, self imposed		20c. TIME OF INJURY Hour Month, Day, Year late 3/5/63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hospital	
20f. CITY, TOWN, OR LOCATION Normandy		COUNTY St. Louis	
20g. STATE Missouri		21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 1:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Raymond H. Kane Coroner		22b. ADDRESS Clayton, Missouri	
22c. DATE SIGNED 3/12/63		23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 3-8-63	
23b. DATE 3-8-63		23c. NAME OF CEMETERY OR CREMATORY St. Boniface	
23d. LOCATION (City, town, or county) Edwardsville		(State)	
24. FUNERAL DIRECTOR P. L. F. HONE		25. DATE RECD. BY LOCAL REG. 3-6-63	
26. REGISTRAR'S SIGNATURE John M. Murphy			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James L. Brennan  
Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.